Early intervention services in the Kleve region

Every child can achieve a great deal

Frühförderstelle
für den Kreis Kleve gGmbH

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History of early intervention services in the Kleve region

An idea becomes reality

„We are very happy that we are now able to offer interdisciplinary treatment and that our holistic approach supports not only the abilities of the children we treat, but also their personalities. In the first year of life, the capability to learn and absorb is greater than in any other stage of life."

The early intervention centre started work in 1981. However, the basis for early intervention treatment was established ten years earlier and closely linked to the social commitment of various individuals. At the beginning of the 1970s, the Kevlaerer paediatrician and the then chair of the Aktion St. Nicolaus e.V. charitable society, Dr. Ferdinand Helpenstein, started to offer physiotherapy treatment to disabled children who were patients in his practice. At that time, the care provision system was not yet fully established and this meant that parents had to travel long distances to receive treatment from qualified specialists.

In 1979, under the management of the then director, Sabine Augustin, the charitable association Lebenshilfe submitted a concept for the foundation of an early intervention centre for special education in the Geldern region. At almost the same time, Aktion St. Nicolaus also filed an application to set up an early intervention centre. On the suggestion of the then leader of the district council, Rudolf Kersting, a contract was drawn up under the directorship of the district administration in Kleve to merge these two applications.

The city of Kevelaer supported the scheme by providing suitable space so that the unit could quickly move out of its makeshift quarters in the old Town Hall. Various materials for renovation and initial furnishing of the buildings were secured through the Lebenshilfe charity campaign known as „Aktion Sorgenkind" (now known as „Aktion Mensch").

Aktion St. Nicolaus remained responsible for the physiotherapy department, while Lebenshilfe ensured the provision of special education. The early intervention centre joined the Deutschen Paritätischen Wohlfahrtsverband (German Federation of Welfare Associations), an umbrella organisation for welfare organisations, and began to treat children from across the Kleve region.

The start of interdisciplinary treatment

The basic idea behind this merger was to create a pioneering scheme for the cooperation of professional therapeutic and educational groups. The early intervention centre for the Kleve region therefore led the way for the interdisciplinary treatment of babies and small children across the country. Today, this kind of cooperative approach is recognised and practised everywhere and is enshrined in law, specifically the SGB (Social Security Act) IX.

Aktion St. Nicolaus fully supported the realisation of such a concept and participated in comprehensive training courses for the staff involved in treating the children. In 1995/6, the society funded the first renovations for the centre in Kevelaer almost exclusively out of its own pocket. In 2006, Aktion St. Nicolaus bought the building and it underwent complete renovation and modernisation.

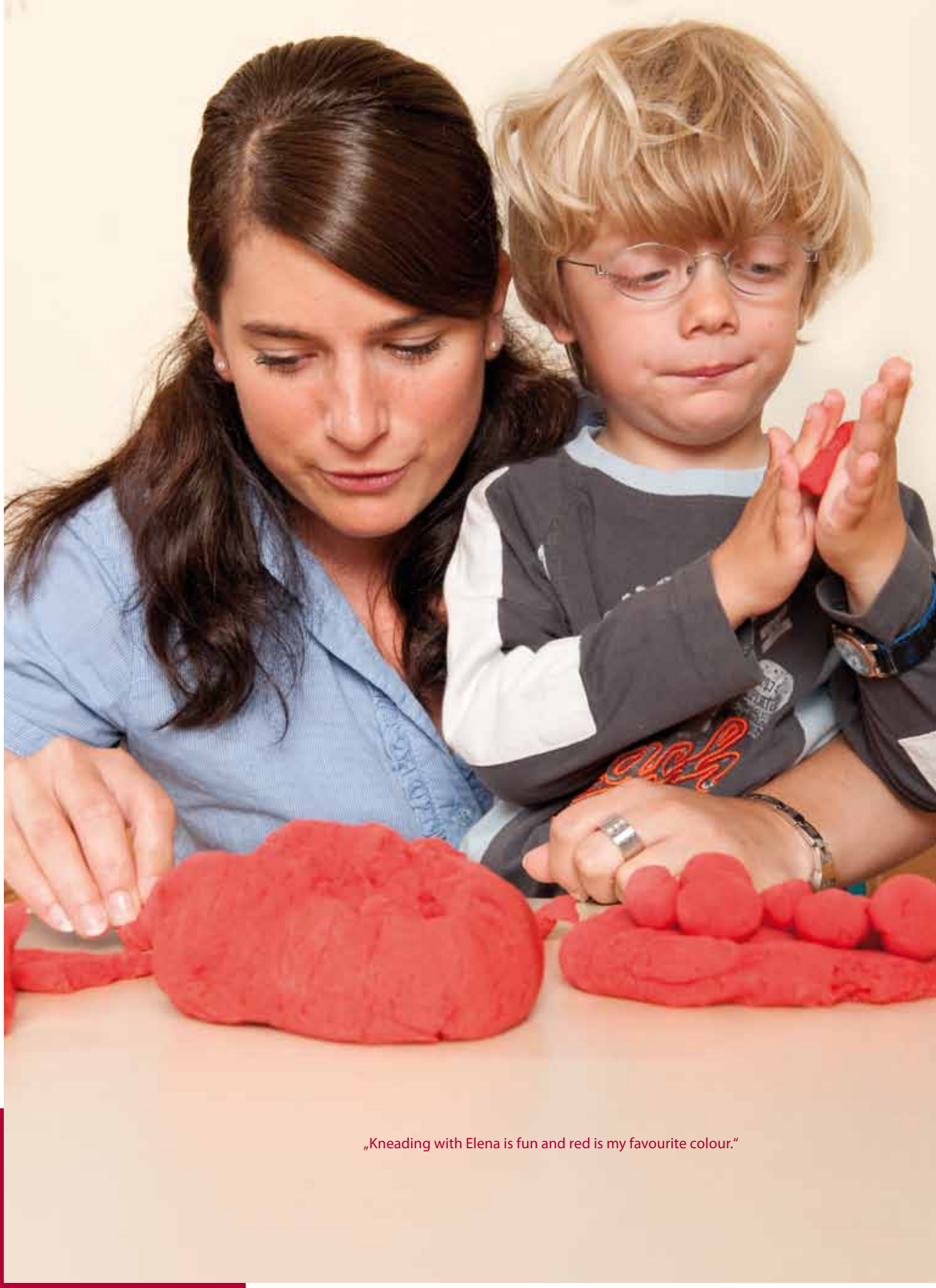
In 1989, thanks once again to the support provided by the „Aktion Sorgenkind" campaign, a subsidiary unit was established in Kleve. The increased numbers of children being treated meant that more staff were needed, as well as an expansion of the original concept.

In order to secure the future work of the centre, an association to support the centre was founded in 2001.

In the summer of 2008, we were recognised as an „Interdisciplinary Early Intervention Centre" (IFF) that provides a complex support service. This meant that we were contractually responsible along with the funding agencies (the welfare agency and health insurance companies) to provide support and treatment of children who have complex support needs.

Establishment of a non-profit company

On 1 September 2008, the early intervention centre became a non-profit company. This change to its legal status was necessary in order for us to be able to expand the concept and the number of staff, partly by ensuring a more professional approach to the centre's organisation. This means that the unit is no longer represented by a volunteer management board, but by a permanent executive board.



„Kneading with Elena is fun and red is my favourite colour.“

Principles of the complex support service offered by the early intervention centre

Individual support from birth onwards

A disability or developmental disorder can have many causes. This is why it is important to treat the child and his or her family holistically in order to give them the help they really need exactly where they need it.

The early intervention centre for the Kleve region was one of the first units in the country to offer interdisciplinary treatment for babies and small children.

Since 1 July 2007, we have managed our Interdisciplinary Early Intervention Centre (IFF) as a so-called ‚complex support service' in accordance with §§30 and 56 of the Social Security Act IX. This complex support service is aimed at babies and small children from birth to school age who have complex support needs and who require medical/therapeutic support as well as special educational support. This means that the children are treated using physiotherapy, ergotherapy and / or speech therapy at the same time as they receive special educational support. These measures can be implemented either at the same time, one after the other or alternately and with varying intensity. Further details on our specialist areas can be found on page 12 onwards.

A doctor and psychotherapist complete our team

Our in-house paediatrician and psychotherapist provide additional support and can be called upon both during initial diagnostic procedures as well as during the actual treatment.

Our paediatrician specialises mainly in neurology and neurological development. In addition, she has chief responsibility for the treatment plan in interdisciplinary case meetings and is the medical officer who oversees all the therapeutic measures that are carried out in the early intervention centre.

The psychotherapist not only diagnoses but also treats patients. In terms of psychological diagnostic procedures, the child's overall stage of development is looked at. Using special test procedures, we can try to find explanations for various disorders. The psychological results can then be incorporated into the treatment plan as a whole. Depending on requirements, we also provide advice to parents on developmental support as well as giving them psychological support if their child is diagnosed with a disability. In this unit, we practise the systemic family concept. Systemic contexts and interpersonal relations in a group are used as the basis for the diagnosis and treatment of emotional problems and interpersonal conflicts

From the first contact to the end of early intervention

Step by step towards our goal

If parents have concerns about the development of their child, their first port of call is their paediatrician. The paediatrician decides whether early intervention is advisable for the child and writes a referral order (a „prescription“) for an initial diagnostic procedure for complex support services.

The paediatrician must write this referral order using the M16 template to ensure that the costs for the treatment do not come from his or her own budget. In any case, no further treatments can be prescribed for the child during the entire period he or she receives complex support services - except for early intervention support.

The text on the medical referral form must read: „Referral for initial diagnostic procedure for early intervention support.“ In addition, the doctor must give a reason why he/she thinks that special education is needed and explain what diagnosis he/she has made that requires the use of further treatment (physiotherapy, ergotherapy, speech therapy).

In the early support unit

With this referral order, the parents can come to one of our units in Kevelaer or Kleve and register their child in person or by telephone. The unit in Kevelaer mainly treats children from the south of the region. Children from the north of the region are treated by the subsidiary unit in Kleve.

At the appointment, we carry out an interdisciplinary diagnostic procedure. Based on the results, we design a support and treatment package for the child. We send this to the funding agency for approval (health insurance companies and welfare support agencies).

If the plan is approved, the costs are covered for the specified period of time. An extension to the treatment is possible if a so-called follow-up diagnostic procedure is undertaken.

The support and treatment of the child now commences based on the individual support and treatment plan. All elements of support and treatment are provided by our staff. Treatments normally take place on an outpatient basis in our units. However, children may also be treated at home where

medical or social circumstances require. Keeping parents and other key people involved in the child's life informed plays an important role in the child's treatment process, as does discussion and cooperation with doctors, nurseries and other participating institutions.

„I refer children from my practice to the early support unit for a number of reasons. Often, they just need a push in the right direction."

Costs are regulated

The initial diagnostic procedure is funded by health insurance companies. The costs for any subsequent support are shared by the welfare agency and health insurance companies.

The support process is documented

A case file is created at the start of treatment. This contains anamnestic data, therapeutic/educational findings, information on treatment, reports and documents concerning the initial diagnostic procedure, as well as information on the follow-up diagnostic procedure if applicable, and is closed on completion of a final diagnostic procedure.

End of early intervention

There are various criteria which lead to the end of early intervention, including:

- Target goals have been reached
- Child has been accepted into a supported nursery (integrative nursery, special education nursery or speech therapy nursery)
- Child starts school
- Parents wish to stop early intervention

Our staff and equipment in our units

You can feel at ease here

„Thursday is my favourite day because I go to early intervention. I have a lot of fun doing the things we do there. ‚You've done that really well,' Rita often says to me and that's what I enjoy the most."

To ensure the success of interdisciplinary treatment of babies and small children, we have a competent team of staff as well as two very well-equipped buildings.

Our buildings

We have various rooms available which are optimally equipped for various kinds of support and therapy. The rooms are used by all staff. To ensure optimal organisational processes, we have timetables for each room. The following rooms are at our disposal::

- Baby rooms with treatment beds
- Rooms for individual therapy with various equipment, e.g. ball pit
- Psychomotoric treatment rooms / gym rooms
- Playrooms
- Calming rooms
- Workrooms
- Discussion rooms

Our staff

People who work in the early intervention centre for the Kleve region include specialists in (special) education, physiotherapists, ergotherapists, speech therapists, a paediatrician, a psychotherapist and administration staff.

These professions are recognised as being an integral part of providing a so-called ‚complex support service' and the individual members of staff also have various additional qualifications, such as training in the Bobath and Vojta concepts, sensory integration, craniosacral therapy, systemic family therapy, mouth/eating therapy, etc.

We value teamwork highly

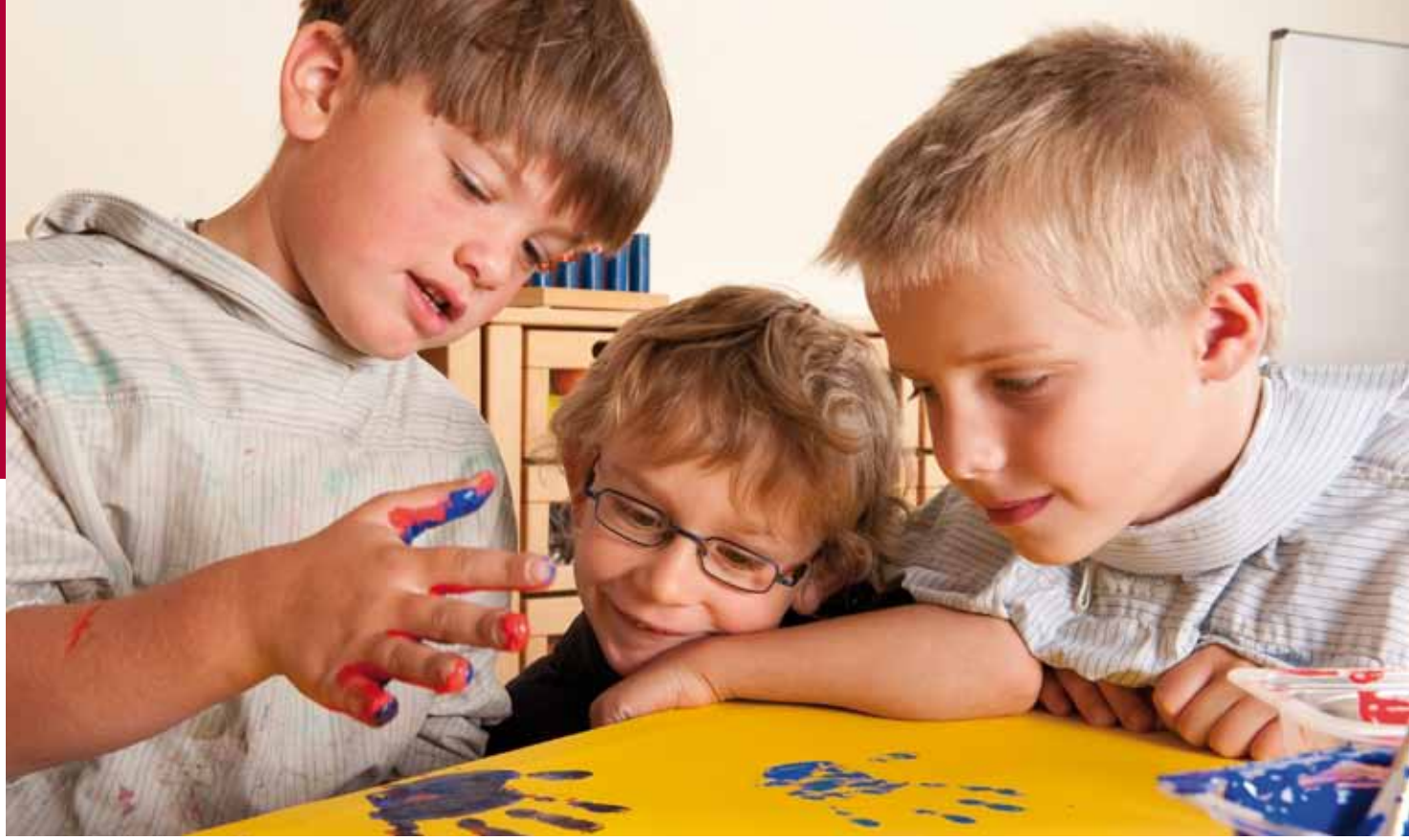
The team in each unit meets once a week to discuss the support each individual child's needs, as well as specialist topics, organisational issues and so on. In addition, the staff in both units come together once a month for a whole-team meeting.

Working with external service providers is the norm for us

Every paediatrician who works with the early intervention centre comes to the unit three times a year to discuss the children's treatment, and raise any issues with progress or difficulties as well as agree further treatment.

We maintain close contact and encourage discussion with integrative/special educational nurseries and nurseries specialising in speech and language therapy which many children attend once they have completed their treatment with us. We also have close contact with mainstream nurseries which may be attended by children who are also supported by our unit.

Furthermore, we have contacts in family centres, youth support units, the SPFH family counselling centre and other centres which can provide families with additional support. We also cooperate with welfare associations and their expert committees.



Special education

Looking at the person as a whole

Special education is a branch of education and is aimed at the upbringing, support and education of children growing up in difficult circumstances. It focuses on people who have physical, mental/intellectual, sensory, language, emotional or social impairments and/or suffer from a disability.

In the early intervention centre, special education is aimed at children who are not yet of school age but who have been identified by their doctor as having physical, mental, sensory or emotional developmental disorders or disabilities.

Aims of special education

The aim of special education is to encourage the child and his or her family to uncover their existing potential. The following general aims are followed:

- Prevention of impairments
- Rehabilitation of developmental delays
- Improvement and further development of personality
- Improvement of ability to act on own initiative
- Reduce awareness of disorder
- Integration into society
- Improvement in the quality of life

Support and treatment are fully incorporated into the child's life and are undertaken in cooperation with the parents or other key individuals in the child's life.

The way in which this cooperation is implemented can vary. For example, playing with other children of the same age can is very important for social development and the necessary support is provided in small groups. The individual educational and/or therapeutic treatment is carried out according to the care plan agreed by all our specialist departments.

Areas of support and methods of support

Educational provision is based on specific treatment methods and concepts and comprises the following areas of support:

- Special educational support through play
- Socio-emotional competence, ability to interact, expressive behaviour
- Coping with daily life, independence and decision-making
- Cognitive functions
- Perceptual processing
- Psychomotoric developmental support
- Gross and fine motor skills, coordination, strength and endurance

It is very important for us to include the parents so that individual elements can be integrated into the child's home environment and reinforced in everyday life. This focus on the family ensures the treatment and support we provide are successful. Success is not just dependent on the improvement of functional abilities, but also on the communicative processes that take place between parent and child.

A wide range of methods are available to us:

- Basal stimulation
- Exercises using play
- Rhythmic exercises
- Perceptual support
- Language development / language support
- Supporting social development and independence

Physiotherapy

Getting limbs moving

The word physiotherapy is derived from the Greek word „physikos“. It means „relating to nature“ or „physical“. It is a type of therapy that is concerned with the individual and his/her body both on a passive and an active level.

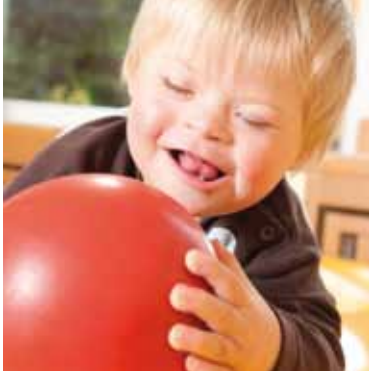
In principle, all children at risk of developmental delay should get physiotherapy:

- Children with physical, mental and emotional developmental delays
- Children with developmental movement disorders
- Children with perceptual disorders
- Children with physical and mental disabilities

Aims of physiotherapy

The aims of the child‘s physiotherapy treatment are drawn up together with the parents and discussed by the interdisciplinary team that includes a doctor, educational specialist and therapists. The aim of physiotherapy treatment is to provide the child with as much independence as possible in everyday life.





Areas of support and therapy methods

- In physiotherapy treatment sessions, the child is supported using play exercises. The earlier we start to support the development of a child's gross and fine motor skills, as well as sensorimotor development, the more influence we have on that development. Small children's brains are not yet mature and this means that we can achieve a lot with targeted therapy.
-
- In physiotherapy, the child and his/her individual capabilities are the focus and they are supported in a motivational way. We provide a wide range of stimuli and materials to encourage development of the child's physical reactions and functions.

In early intervention, physiotherapy focuses on the following areas:

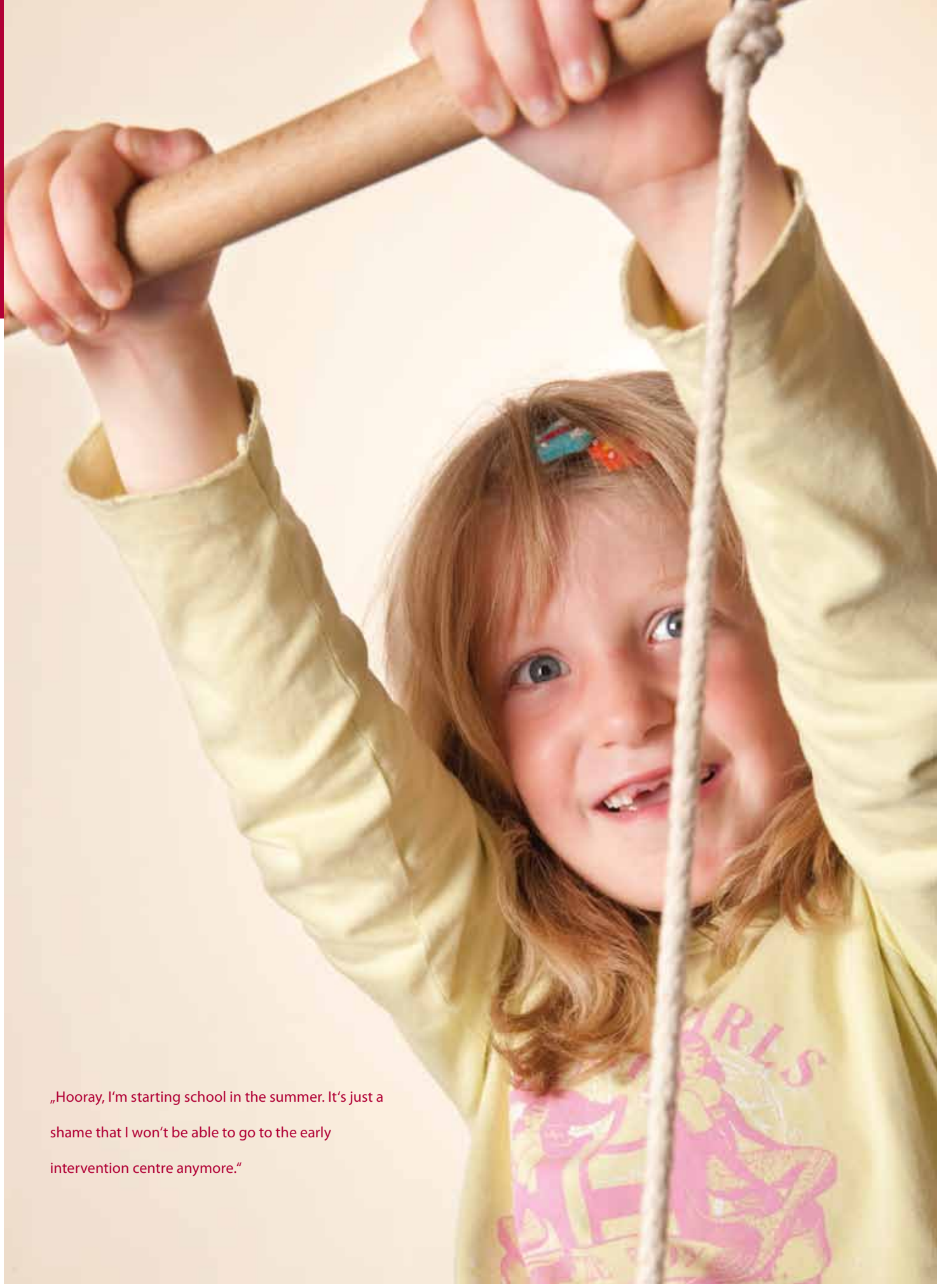
- Gross motor skills
- Fine motor skills
- Body awareness
- Balance
- Coordination
- Mouth motor skills
- Concentration

Providing parents with guidance and advice is a very important part of physiotherapy. The physiotherapist is in close contact with the parents and gives them helpful tips that are easy to incorporate in everyday life so that they can support the development of their child.

The following methods are used as part of physiotherapy treatment in the early intervention centre:

- Neurophysiological treatment using the Bobath or Vojta concepts
- Psychomotoric exercises
- Sensory training
- Mouth motor skills
- Craniosacral body work
- Breathing therapy

„Our daughter Sarah is now two years old and was born with Down's Syndrome. We have been going with her to the early intervention centre since she was three months old.There, staff displayed a great deal of empathy and showed us how to use play to influence our daughter's development in a positive way. But what was just as important for us was that everyone was happy to answer all the questions we had and sometimes we felt that we were also being given emotional support. Early intervention provided us with the strong self-belief we needed to come to terms with our fantastic daughter's disability.
"



„Hooray, I'm starting school in the summer. It's just a shame that I won't be able to go to the early intervention centre anymore."

Ergotherapy

Feeling - grasping - handling

The term ergotherapy comes from the Greek word „ergon“ and means „work, activity, handiwork, deed, performance“. It is an active method of treatment as the patient is required to move themselves according to instructions given by the therapist.

Ergotherapy is used for children who have

- physical, mental and emotional developmental delays
- gross and fine motor skills disorders
- sensory integration disorders
- physical and mental disabilities

Aims of ergotherapy

The diagnostic procedure for ergotherapy and the aims of the treatment are drawn up in cooperation with the parents and the doctor who referred the child. Long-term aims include ensuring that the child achieves the greatest possible independence in all aspects of everyday life, the development and improvement of gross and fine motor skills, coordination, perception and processing of sensory stimuli and avoidance of secondary disorders.

Areas of support and therapy methods

Ergotherapy is a holistic therapy, i.e. the child is observed in terms of his or her overall development, including social, emotional, physical and mental development.
The therapy is geared towards play, everyday life and practical experiences so that the child can apply what he or she experiences to other everyday life situations.

The treatment may include:

- Performing everyday activities
- Movement
- Play
- Craft activities

Working with parents is another important part of the therapy. Parents are actively included in the exercises and are shown how to implement the therapy in everyday life. Contact is also made with other key individuals in the child's life, which means that we have regular discussions with the nursery or other institution that the child attends.

The following methods are used in ergotherapy:

- Sensory integration therapy
- Fine motor skills and writing exercises
- Visual perception training
- Basal stimulation
- Various concentration training exercises
- Independence training

In paediatrics, sensory integration therapy, which is based on Jean Ayres' theory, forms the basis for all other therapy methods. It is based on developmental neurological principles. Sensory integration means perceiving, processing and reacting appropriately to stimuli produced by the environment or our own bodies. We receive information not only from our eyes (sight), ears (hearing), nose (smell) and the tongue (taste), but also from feeling (touch), movement, gravity and body position (proprioceptive and vestibular system). Target-oriented and planned actions can only function well if the central nervous system (CNS) processes sensory stimuli adequately.

With sensory integration therapy, we show the child how to interact with his or her body and environment so that they learn how to react to stimuli in an appropriate way. The therapy uses play exercises as its main way of engaging the child as this increases the child's motivation and thus improves progress. Handling and movement exercises, which are tailored to the child's individual needs, are incorporated in a targeted way. We use various mediums (e.g. hammocks, swings, skateboards, climbing walls) and craft work (such as pottery, woodwork, graphic design) which gives the child the opportunity to experience a whole range of sensory stimuli and link these experiences together in a meaningful way, particularly when it comes to vestibular, proprioceptive and tactile experiences. The child should be supported in developing his or her independence and self-awareness. The therapy is tailored to the child's stage of development and focuses on his or her strengths and needs.

Speech therapy

Language equals integration

The German term for speech therapy „Logopädie“ is derived from the Greek word „logos“ (word) and „paideuein“ (to bring up). Speech therapy in early intervention deals with children who have limited communicative ability (either verbal or non-verbal) due to a language, speech, voice, swallowing or auditory perception disorder.

If a child is only able to express himself or herself in a limited way to his or her peers, does not like speaking or only speaks a little and cannot form various sounds yet or correctly, or if his or her active vocabulary comprises less than 50 words at the age of 2, that child should be provided with support to encourage his or her language skills to develop.

Speech therapy is given to children with:

- Articulatory disorders (e.g. lisping or who substitute different sounds such as pan instead of can)
- Problems with sentence construction (e.g. incorrect word order) and/or grammar
- A limited passive and/or active vocabulary
- Problems with language comprehension
- Disorders of auditory perception or processing (e.g. problems with attention, listening, distinguishing sounds, recognizing number or word sequences)
- Delays in language development/ developmental language disorders
- Swallowing disorder or mouth/eating/drinking problems
- Fluency problems (stuttering, tachyphrasia), voice abnormality (e.g. quiet voice), rhinophonia and rhinalalia (nasal twang)
- Speech abnormalities with cleft lip and palate

Aims of speech therapy

Working together with doctors, therapists and educators, the long-term aim of speech therapy is to eliminate or improve abnormalities / disorders in order to make social integration easier and improve quality of life.

Specific aims include:

- Strengthening orofacial muscles (face muscles) as a muscular prerequisite for speech
- Improving eating and drinking
- Supporting speech development, encouraging improved intelligibility of speech
- Improving articulation, reduction of articulatory mistakes
- Increasing passive and/or active vocabulary
- Improving grammatical ability and increasing knowledge of sentence construction
- Improving auditory perception and processing, increasing auditory attention span
- Reducing developmental language delays / developmental language disorders
- Teaching supported communication to increase ways in which the child can access language (improving communicative-pragmatic abilities)
- Improving fluency of speech (improving speech timing)
- Reducing voice disorders (improving breathing or breathing function)
- Improving gesture usage, facial expression and body posture
- Advising parents (supporting language development by adopting specific communicative behaviour, guidance on how to practise at home)

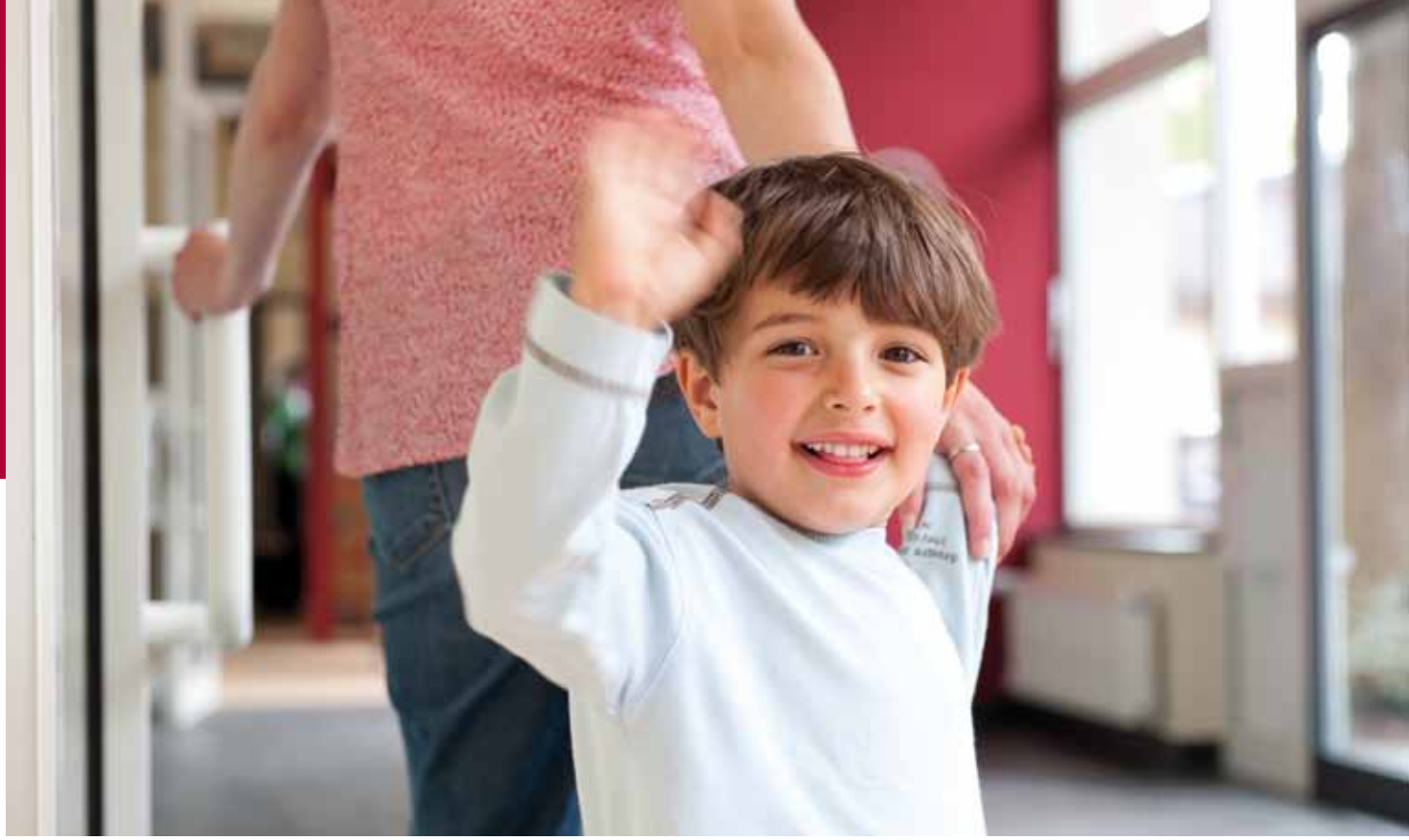
Areas of support and therapy methods

Speech therapy is geared towards the child's development and the treatment plan is based on the diagnostic procedure as well as by questioning the parents. Therapy takes place using play exercises and incorporating the child's range of experiences into the treatment. An important part of speech therapy is the cooperation of the parents. The parents are actively included in the therapy and shown how to implement it into everyday life. Close and regular contact is maintained between those responsible for the child (including parents, grandparents, nursery, therapists, doctors) in order to ensure optimal support that best meets the needs of the child at that particular time.

Applied methods in speech therapy include:

- Articulation therapy
- Myofunctional therapy
- Mouth, eating and drinking therapy
- Therapy for developmental language delays/disorders
- Vocabulary training
- Auditory perception training
- Stuttering/tachyphrasia therapy
- Voice therapy

„At the beginning I really didn't understand why our son even needed early intervention. But even after just a couple of months, I had to admit that Patrick was speaking a lot better and all of a sudden was able to crawl really well. What astounded me even more though was that he was much more stable and seemed a lot happier with himself and the world. So for us, early intervention really was worth it."



Support us!

Help us to help you

The „Förderverein Frühförderstelle für den Kreis Kleve e.V.", the early intervention centre's support association, was founded in 2001. According to its charter, the aim of the association is to provide moral and financial support to the early intervention centre. In summer 2007, for example, the introduction of the ‚complex support service' rendered it necessary to install a computer system with PC workstations for all staff. The high costs associated with this meant that we could not do it on our own and so the support association stepped in! Their help meant that we were able to acquire test materials for diagnostic procedures. The costs for the materials for the two new development tests ET6-6 (from 6 months to 6 years) and WET (Wiener Entwicklungstest, or Vienna Development Test, from 3-6 years) ran into four figures. Without the support association, we would not have been able to acquire these materials.

As well as basic material support, the support association also lobbies on behalf of the children and families who attend our unit, outlining their challenges and worries and supporting their integration.

Help us to help you and become a member of the centre's support association. It's easy to apply for membership - simply fill in the enclosed form..

Donating directly

As the early intervention centre is a non-profit organisation, you can also support us by donating directly. We would be happy to give you a receipt for your donation on request.

Bank details: Frühförderstelle für den Kreis Kleve gGmbH

Verbandssparkasse Goch - Account no.: 240846 - Sort code: 32250050

Volksbank an der Niers eG - Account no.: 4302520017 - Sort code: 32061384